FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747113** **(9)**

1. Corporation Name

TRUE PENTECOSTAL CHURCH OF THE LORD JESUS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
INC. 2303 HOOD ST. HOLLYWOOD FL 33020	INC 2303 HOOD ST. HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: **05/08/1979**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0046780** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FORT, HENRY F. **2303 HOOD ST.** **HOLLYWOOD FL 33020**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of registered agent and the title if applicable) (New Registered Agent's signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FORT, ALMA	12 NAME	
STREET ADDRESS	2303 HOOD ST.	13 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD, FL 00000	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DILWORTH, ARTHUR	22 NAME	
STREET ADDRESS	5663 FLAGLER STREET	23 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	FORT, ALMA	32 NAME	
STREET ADDRESS	2303 HOOD ST.	33 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD, FL 00000	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	FORT, HENERY ASST	42 NAME	
STREET ADDRESS	2302 HOOD ST	43 STREET ADDRESS	
CITY ST ZIP	DANIA, FL 00000	44 CITY ST ZIP	
TITLE	MAF	51 TITLE	☐ Change ☐ Addition
NAME	DILWORTH, LULA	52 NAME	
STREET ADDRESS	5663 FLAGLER STREET	53 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	LEGGETT, JOHN	62 NAME	
STREET ADDRESS	619 NW 15TH TERR	63 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alma Fort - Alma Fort 4-25-95 305-925-6084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Alma Fort - Alma Fort 4-25-95 305-925-6084

0038001